

The Commonwealth of Massachusetts

Group Insurance Commission

P.O. Box 8747
Boston, Massachusetts 02114-8747



(617) 727-
Fax (617) 227-
TTY (617) 227-

September 29, 2006

Dear GIC Harvard Pilgrim First Seniority Member:

As you may know, on January 1, 2007 your Harvard Pilgrim First Seniority health plan is being replaced by a new plan, Harvard Pilgrim First Seniority Freedom Premier. You will be receiving information about this new plan from Harvard Pilgrim.

Physicians at Harvard Vanguard Medical Associates and Dedham Medical Associates have informed us that they will not accept patients who join the new Harvard Pilgrim First Seniority Freedom Premier plan. Because of this plan and network change, the GIC is conducting a special open enrollment for all First Seniority members. **You MUST select a new GIC health plan by October 27, 2006 for your coverage effective January 1, 2007.** Please refer to the following pages for instructions on how to enroll in your new health plan.

Enclosed is information on the GIC Medicare health plans available to you, including the monthly insurance premiums for each of those plans and contact information. New Medicare plan rates will not be finalized until mid November 2006. Therefore, you must select a plan knowing that rates will probably increase on January 1, 2007 from the rates included in the enclosed *Benefit Decision Guide*. (Keep in mind that you can change your health plan again during the GIC's spring annual enrollment period.)

Both you and your spouse must be covered under the same health plan. All enrollment forms must be completed and received by GIC and when applicable, the HMO Medicare plan, no later than October 27, 2006.

When choosing your new health plan, be sure to contact your doctor(s) to see whether or not your doctor accepts the health plan you are considering. Your GIC Medicare Plan options are:

The new Harvard Pilgrim First Seniority Freedom Premier Plan: Harvard Pilgrim Health Care will offer First Seniority Freedom Premier to replace First Seniority effective January 1, 2007. First Seniority Freedom Premier is a Medicare private-fee-for service plan. Harvard Pilgrim will be sending you more information on this new plan.

The Commonwealth Indemnity Plan Medicare Extension (OME): This plan provides benefits for physicians and hospitals throughout the United States. If you choose this plan, we recommend the CIC coverage option, to ensure more comprehensive coverage.

Tufts Health Plan Medicare Preferred: Harvard Vanguard and Dedham Medical Associates will participate in this health plan effective January 1, 2007.

Depending on where you live, you may also choose either **Fallon Senior Plan** or **Tufts Medicare Complement**. See the county locator chart in the enclosed guide for details.

1) To enroll in any GIC HMO Medicare plan you must:

⇒Reside inside the plans service area

⇒Complete and sign the enclosed GIC Medicare Insurance Option Form and return it directly to GIC at P.O. Box 8747, Boston, MA 02114-8747

⇒Contact the plan for enrollment packages for you and your spouse. Please refer to the enclosed contact list for the plan's contact name and phone number.

2) To enroll in the Commonwealth Indemnity Plan Medicare Extension (OME) you must:

⇒Complete and sign the enclosed GIC Medicare Insurance Option Form and return it directly to GIC at P. O. Box 8747, Boston, MA. 02114

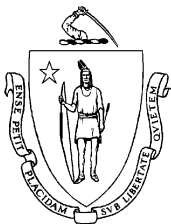
Your forms are due no later than Friday, October 27, 2006. If you do not let us know which plan you want to join, the GIC will automatically transfer your coverage to the Commonwealth Indemnity Plan Medicare Extension (OME) with CIC, effective January 1, 2007.

The GIC wants your transition to another GIC sponsored Medicare plan to be smooth and trouble free. Please call our office with any questions you may have regarding this information. You can call either our HMO Unit at (617) 727-2310, ext. 7066 or our Senior Services Unit at (617) 727-2310, ext. 6.

Sincerely,

Nancy Bolduc
Director of Operations

(Retiree and Spouse with Medicare)



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GIC HEALTH INSURANCE OPTION FORM

YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE GIC (at the address above) NO LATER THAN **OCTOBER 27, 2006. Your new coverage will be effective **January 1, 2007**.**

My Telephone Number: () _____ - _____

_____ I want to enroll in the Commonwealth Indemnity Plan Medicare Extension (OME) with CIC. (I understand that since my spouse and/or dependent is covered by Medicare A&B they will automatically be enrolled in this plan as well.)

_____ I want to enroll in the Commonwealth indemnity Plan Medicare Extension (OME) without CIC. (I understand that since my spouse and/or dependent is covered by Medicare A&B they will automatically be enrolled in this plan as well.)

_____ I want the First Seniority Freedom Premier Plan.
(I understand that since my spouse and/or dependent is covered by Medicare A&B they must be enrolled in this plan as well. I will contact the plan and complete the Medicare enrollment forms.)

_____ I want the _____ HMO Medicare Plan.
(I understand that since my spouse and/or dependent is covered by Medicare A&B they must be enrolled in this plan as well. I will contact the HMO Plan and complete the HMO Medicare enrollment forms.)

Signature of GIC insured: _____ Date: _____

Please print name of GIC insured: _____

Please print insured's Social Security number: _____
(Retiree & Spouse with Medicare)